

# Increasing Mental Health Clinical Spanish Terminology

**DATE & TIME:** June 1, 2016

**8:30 AM - 4:30 PM**

*All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

**PLACE:** DOCKWEILER YOUTH CENTER  
12505 Vista del Mar  
Los Angeles, CA 90245

**PARKING:** Complimentary parking on premises (pick up parking pass, upon signing-in)

This training is intended to increase clinician and bilingual staff's Spanish vocabulary and use of terms related to mental health assessment, diagnosis and treatment and to increase cross-cultural knowledge and skills with Spanish-speaking populations. Attendees will be able to decrease and avoid the use of incorrect or misleading terminology that can lead to misunderstanding, error, misdiagnosis and inappropriate diagnosis and unintended consequences. The training is designed for participants of varying levels of Spanish-language proficiency. Written and conversational Spanish language knowledge is highly recommended for participation in the training.

**TARGET AUDIENCE:** For DMH and Contracted agency staff working with Spanish speaking consumers.

**OBJECTIVES:** As a result of attending this training, participants should be able to:

1. Identify Spanish terminology relevant to working with families/consumers, institutions and various professions in the mental health fields.
2. Utilize Spanish terminology pertinent to American Care Act.
3. Formulate clinical questions and answers specific to the initial assessment.
4. Formulate questions and answers utilizing terminology related to mental disorders and diagnosis.
5. Utilize Spanish terminology and cultural adaptations relevant to interventions such as cognitive behavioral therapy.
6. List and use Spanish legal terminology related to consent for services, hospitalization and reporting laws.
7. Identify ways to enhance cross cultural communication relevant to interventions, treatment plans, and referrals to other providers and/or services.

**CONDUCTED BY:** Lidia Gamulin, LCSW  
Consultant and Trainer

**COORDINATED BY:** Lisa Song, LCSW  
Training Coordinator

**DEADLINE:** May 2, 2016, or until training is full to capacity

**CONTINUING EDUCATION:** 7 hours CEU for BRN, BBS

**COST:** None

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Contract Providers complete  
attached training application

Cultural Competency  Pre-licensure  Law and Ethics  Clinical Supervision  General



**County of Los Angeles Department of Mental Health**  
**NON-DMH STAFF TRAINING APPLICATION FORM**



**Please Print or Type**

**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

*This form is not to be used for LPS Designation Training. The LPS Application is available at [lacdmh.lacounty.gov/training&workforce.html](http://lacdmh.lacounty.gov/training&workforce.html).*

Training Title: **Increasing Mental Health Clinical Spanish Terminology**  
 (as in DMH bulletin)

Date(s): **June 1, 2016**

Training Coordinator: **Lisa Song, LCSW**

County Employee Number

*(non-county employees supply the last four digits of the SSN)*

Name

Program, Service or Agency

Job Title

Address

City

Zip Code

Telephone

Email

**License or Credential Number(s)** (complete as many as applicable)

CAADAC

LCSW

LPT

LVN

MD

MFT

Psychologist

RN

Supervisor's Approval (Applications will not be processed if not signed by supervisor)

For processing, please return Application to:

**PSB Workforce Education and Training**

**Fax: (213) 252-8776**

**Phone:**

**Email:**

*(When faxing, there is no need to use a cover sheet)*

Print Supervisor Name

Supervisor's Signature